

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name County of San Diego		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Treasurer-Tax Collector			
Designated Agency Contact (Name, Title) Dan McAllister, Treasurer-Tax Collector		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 619-531-5231	E-mail dan.mcallister@sdcounty.ca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 50.00

Event Description Installation Dinner & Awards Date(s) 01 / 19 / 13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: North San Diego County Association of Realtors
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: McAllister, Dan
Official's Name (Last, First)

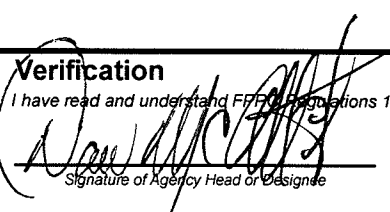
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
McAllister, Dan	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Performed a Pledge of Allegiance at the Installation and Awards event put on by North San Diego County Association of Realtors
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Dan McAllister Treasurer-Tax Collector 2-26-13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____